Claim

Ţ	Department of Environme		s - Division of Wast	te Management
Site Name	Summit Avenue Sunoco Sit	te Rank Low Incid	dent # 10141	
City Greens		County Guilford		
Dwner/One	erator/Landowner/Attorney-in-	fact Sunoco, Inc.		
Name of Co	onsulting Firm Groundwater a	nd Environmental Services of	North Carolina, Inc.	
Name of Pr	roject Manager (consultant) 및	III Frederick		
Date of Pro	oposai (consultant) 17-Jul-200:	3 Proposal Number (cons	sultant) 10141-01	
Consultant	Phone 919-954-0111 (ext 17)	Consultant Fax <u>919-8</u>	78-1666	
Regional O	iffice Winston-Salem Incid	lent Manager (if known) <u>Cl</u>	ndy Rintoul/ Gene Mao (Gui	Iford County)
	: Active 🔟 No Further Ad			
ិommercia	il 👱 Noncommercial	BACK STANDARD		
	Trust Fund eligibility been det		No	
	inal claim for this site?			
rask aut	HORIZATION NUMBER			
en Amended requesting rei accepted per exceeds \$20,	rmed and/or costs will be incurred the Preapproval/Claim Authorization imbursement. IMPORTANT: 1) Only submittel; and (2) only one claim may be with may very depending on the eligibition.	Form to the regional office. Plea y one PREAPPROVAL- or AMEN by be submitted during a querter of submitted jat any time. Final rein lity status of the site (i.e., deductil	se attach this form to the cover DED PREAPPRQVAL/CLAIM or 3-month period unless the to abursement of costs associated ples, apportionment, etc.).	r of the corresponding claim when AUTHORIZATION FORM will be dailed requested claim amount with the Total Claim Approved
Affech all Ma	in Consultant/Contractor involce:	 Attach the proof of payment 	directly to the front of each I	Main Consultant/Contractor
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	in Consultant/Contractor involced			Wain Consultant/Contractor
		- IF REQUIRED		
	PREAPPROVAL	- IF REQUIRED		
nvoice.	PREAPPROVAL (See instructions for tasks	- IF REQUIRED s requiring preapproval)	REIMB	URSEMENT
Task No.	PREAPPROVAL (See instructions for tasks Preapproval Requested Amt. (Consultant)	- IF REQUIRED s requiring preapproval) Preapproved	REIMB Claim Requested	URSEMENT Final Approved
Task No.	PREAPPROVAL (See instructions for tasks Preapproval Requested Amt. (Consultant) \$1,140.00	- IF REQUIRED \$ requiring preapproval) Preapproved Amount	REIMB Claim Requested Amount	URSEMENT Final Approved Amount
Task No. 3,101 3,398	PREAPPROVAL (See instructions for tasks Preapproval Requested Amt. (Consultant) \$1,140.00 \$350.00	- IF REQUIRED \$ requiring preapproval) Preapproved Amount	REIMB Claim Requested Amount	URSEMENT Final Approved Amount
Task No. 3,101 3,398 3,399	PREAPPROVAL (See instructions for tasks Preapproval Requested Amt. (Consultant) \$1,140.00 \$350.00 \$1,452.00	- IF REQUIRED \$ requiring preapproval) Preapproved Amount	REIMB Claim Requested Amount	URSEMENT Final Approved Amount
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В

Date

Date _ フ・ロ・2 3

Claim Prep. Cost (No. of Tasksyx \$20.00) TOTAL CLAIM AMOUNT

Main Consultant Project Manager Signature

Reg. Office Incident Mgr Pre-approval Authorization

DWM/UST 3/1/03



& Environmental Services of North Carolina, Inc.

One North Commerce Center • 5293 Capital Boulevard • Raleigh, NC 27616 • (919) 954-0111 • (919) 878-1666

July 17, 2003

Gene Mao
Guilford County Health Department
1100 E Wendover Avenue
Greensboro, North Carolina 27405

Ms. Cindy Rintoul
North Carolina Department of Environment and
Natural Resources
Winston-Salem Regional Office
585 Waughtown Street
Winston-Salem, North Carolina 27107

RE:

Request for Pre-Approval Task Authorization July 2003 to September 2003

Former Summit Avenue Sunoco Station
1103 Summit Avenue
Greensboro, Guilford County, North Carolina
Groundwater Incident No. 10141
Low Risk Classification
DUNS # 0276-0007

Post-It* Fax Note 7671	Date 7/17/2003 pages > 2	
To Gene Mas	From Bill Frederick	
Co./Dopt. GCHD	Co. GES	
Phone # 336-641-3771	Phone # 919-954-0111x 17	
Fax # 336-641- 4812	Fax # 919-878-1666	

Dear Mr. Mao:

Groundwater and Environmental Services of North Carolina, (GES) on behalf of Sunoco, Inc. is submitting this request for the pre-approval of site closure activities at the above referenced site. The scope of work and estimated charges presented within this proposal are for the period between July 1 and September 30, 2003.

A letter requesting closure was submitted on January 2001 to the Guilford County Health Department and NCDENR Winston-Salem Regional Office. The tasks below are intended to gain closure of the site as an incident.

The proposed tasks are defined as follows:

Task 3.101 Supervision of Field Work

The charges associated with this work task are reflective of charges incurred for field oversight of well abandonment and for round trip travel time.

Task 3.398 Cost for Drill Rig Mobilization

The charges associated with this task are for the mobilization of a drill rig to complete the monitoring well abandonment.

Task 3.399 Well Abandonment

The charges associated with this work task are reflective of charges incurred for well abandonment of 103 ft of four inch cased wells and 139 feet of two inch cased wells.

Task 6.174 Deed Recordation

This task is for the preparation of a deed restriction for the property in an effort to gain closure.

Task 8.100 Monitoring Well Permit Fees

The charges associated with this task are for the monitoring well permit fees assessed by Guilford County Health Department in connection with monitoring wells present at the site.

The tasks for this quarter are estimated to total \$3,492.00. A Task Authorization Form is attached for your review and approval. If you have any questions regarding this proposal please do not hesitate to contact Bill Frederick (ext 17) at (919) 954-0111.